## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must		
42754	7590 01/30	v/2009	ha ha	ve its own certificate	of mailing or transmission.	in or rormar drawing, must
	& Frame, LLC	APR 0	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
Westborough, MA 01581						(Depositor's name)
04/07/2009 SSITHIB2 00000040 10823299						(Signature)
01 FC:1501 02 FC:1504		0.00 OP		April 1	, 2009	(Date)
APPLICATION NO.	FILING DAJ (	).00 dP	FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/823,299	04/13/2004		Michael O. Rocheleau		MT-136	4771
TITLE OF INVENTION: STEP AIR FOIL 03 FC:8001 30.00 OP						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/30/2009
EXAM	INER	ART UNIT	CLASS-SUBCLASS	٦		
RINEHART, KENNETH		3749	034-640000			
. "Fee Address" indi	ence address or indication ondence address (or Cha 3/122) attached. ication (or "Fee Address" 2 or more recent) attach	inge of Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or t	ype)		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
MegTec Systems, Inc. DePere, Wisconsin						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🗀 Government						
4a. The following fee(s) are submitted:  X Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies 10			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14 0930 (enclose an extra copy of this form).			
5. Change in Entity Stat	tus (from status indicated s SMALL ENTITY statu		☐ b. Applicant is no lo	onger claiming SMA	LL ENTITY status. See 37 CI	FR 1.27(g)(2).
NOTE: The Issue Fee and interest as shown by the r	d Publication Fee (if requeecords of the United Sta	uired) will not be accepte ites Patent and Trademark	ed from anyone other thank Office.	the applicant; a regi	stered attorney or agent; or the	ne assignee or other party in
Authorized Signature			······································	Date	April 1, 2009	
Typed or printed name	Kevin S	S. Lemack		Registration N	No. 32,579	)
an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	tiality is governed by 35 application form to the ons for reducing this builting 22313-1450. DC 13-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR	1.14. This collection is on the income chief Information Off COMPLETED FORMS	estimated to take 12 ividual case. Any cocer, U.S. Patent and TO THIS ADDRESS	the public which is to file (and minutes to complete, includin mments on the amount of tir Trademark Office, U.S. Departments of the Commissioner displays a valid OMB control	g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.